

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N01000007655**

1. Entity Name

SAFE HAVEN SHELTER, INC.

Principal Place of Business

**7740 PLANTATION BLVD
MIRAMAR FL 33023**

Mailing Address

**7740 PLANTATION BLVD
MIRAMAR FL 33023**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-1149974

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**CLAYTON, VIVIAN
7740 PLANTATION BLVD
MIRAMAR FL 33023**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	CLAYTON, VIVIAN	
STREET ADDRESS	7740 PLANTATION BLVD	
CITY-ST-ZIP	MIRAMAR FL 33023	

TITLE	D	<input type="checkbox"/> Delete
NAME	CLAYTON, GREGORY	
STREET ADDRESS	7740 PLANTATION BLVD	
CITY-ST-ZIP	MIRAMAR FL 33023	

TITLE	D	<input type="checkbox"/> Delete
NAME	MACK, J.D.	
STREET ADDRESS	9820 N.W. 7 AVE	
CITY-ST-ZIP	MIAMI FL 33150	

TITLE	D	<input type="checkbox"/> Delete
NAME	STEWART, ADDIE	
STREET ADDRESS	5465 N.W. 190 STREET	
CITY-ST-ZIP	MIAMI FL 33055	

TITLE	D	<input type="checkbox"/> Delete
NAME	FERRER, MARY	
STREET ADDRESS	743 WEST 53 STREET	
CITY-ST-ZIP	HIALEAH FL 33012	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

03/16/02

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90193 011 ****61.25



DO NOT WRITE IN THIS SPACE

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